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BOWDITCH & DEWEY, LLP

01/18/02



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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>		Attorney Docket No.		301505.2020-100	
		First Named Inventor or Application Identifier		Irene Georgakoudi	
		Express Mail Label No.		ET817956596US	
Title of Invention	System and Methods of Fluorescence, Reflectance and Light Scattering Spectroscopy for Measuring Tissue Characteristics				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents			ADDRESS TO: U.S. Patent and Trademark Office Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>			6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i>		
2. <input checked="" type="checkbox"/> Specification [Total Pages 38] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to microfiche Appendix - Background of the Invention - Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure 			7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Pages c. <input type="checkbox"/> Statement verifying identity of above copies 		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 21] <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/>			ACCOMPANYING APPLICATION PARTS		
4. <input type="checkbox"/> Oath or Declaration/POA [Total Pages] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [NOTE Box 5 below] <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 			8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Massachusetts Institute of Technology Cambridge, Massachusetts		
5. <input type="checkbox"/> Incorporation By Reference <i>(usable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>		
18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/766,879 Prior application information: Examiner: Not assigned Group Art Unit: 3739			10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
19. CORRESPONDENCE ADDRESS			11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
NAME THOMAS O. HOOVER, ESQ. BOWDITCH & DEWEY, LLP			12. <input type="checkbox"/> Preliminary Amendment		
ADDRESS 161 Worcester Road, P.O. Box 9320			13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
CITY Framingham STATE MA ZIP CODE 01701-9320			14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, status still proper and desired		
COUNTRY USA TELEPHONE (508) 879-5700 FAX (508) 929-3073			15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
Signature <i>Monica Grewal</i> Date <i>January 18, 2002</i>			16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>		
Submitted by Typed or Printed Name Monica Grewal			17. <input type="checkbox"/> Other:		
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